Unannounced Care Inspection Report
23 January 2019

Hillcrest Care Facility

Type of Service: Nursing Home
Address: 23 Old Mountfield Road, Omagh, BT79 7EL
Tel no: 028 8225 1222
Inspector: Jane Laird

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 59 persons.

3.0 Service details

Organisation/Registered Provider: Knockmoyle Lodge Ltd **Responsible Individual:** Linda Florence Beckett	**Registered Manager:** Mrs Julie Taylor
Person in charge at the time of inspection: Mrs Julie Taylor	**Date manager registered:** 1 October 2009
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	**Number of registered places:** 59 A maximum of 12 patients in category NH-DE. The home is also approved to provide care on a day basis to 4 persons. There shall be a maximum of 1 named resident receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced focused inspection took place on 23 January 2019 from 09.05 to 16.20 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to ensure that improvements made had been sustained.

Evidence of good practice was found in relation to care delivery, staffing arrangements, adult safeguarding, team work and communication between patients, staff and other key stakeholders. The culture and ethos of the home and good working relationships were maintained and patients' opinions were sought and valued. Patients were treated with dignity and privacy was maintained.

Areas requiring improvement were identified in relation to control of substances hazardous to health (COSHH) and the robustness and effective use of the Regulation 29 report. Other areas for improvement were identified in relation to the appropriate display of menus and quality assurance service delivery audits.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Julie Taylor, registered manager and Linda Beckett, responsible individual as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 17 December 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 17 December 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

During the inspection the inspector met with 15 patients, seven patients' relatives, and 11 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. The inspector provided the registered manager with 'Have we missed you cards' which were to be placed in a prominent position to allow patients, relatives and families who were not present on the day of inspection opportunity to give feedback to RQIA regarding the quality of service provision. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

A poster informing visitors to the home that an inspection was being conducted was also displayed.

The following records were examined during the inspection:

- staff training records
- staffing rota for weeks commencing 14 and 21 January 2019
- three patients' care records
- five patient food, fluid records
- three patients' elimination records
- incident and accident records
- notifiable incidents to RQIA
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 17 December 2018

The most recent inspection of the home was an unannounced medicines management inspection. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 16 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 30 **Stated:** Second time	The registered person shall ensure that notifications are submitted to RQIA in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.	**Met**

	Action taken as confirmed during the inspection: On review of the accident/incident records maintained, it was identified that the potential for an omission of notification was possible given the lack of a central recording system. One omission to notify RQIA was identified as a consequence of the recording process and was actioned appropriately during inspection. This is discussed further in section 6.3.6.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 4 Criteria 8 **Stated:** Second time	The registered person shall ensure that records are maintained appropriately for any patient with an indwelling catheter. The urinary output should be recorded.	**Met**
	Action taken as confirmed during the inspection: Inspector confirmed that records of urinary output were recorded for identified patients with an indwelling catheter.	
Area for improvement 2 **Ref**: Standard 39 **Stated:** First time	The registered person shall ensure that a robust monitoring system is developed and implemented to ensure that staff completes mandatory training requirements.	**Met**
	Action taken as confirmed during the inspection: Inspector evidenced that a matrix system was in place to identify training requirements.	
Area for improvement 3 **Ref**: Standard 4 Criteria 7 **Stated:** First time	The registered person shall ensure that care plans are developed and reviewed in accordance with patients identified needs.	**Met**
	Action taken as confirmed during the inspection: Inspector confirmed that on review of identified patients care plans they were developed and reviewed in accordance with the patient's needs.	

6.3 Inspection findings

6.3.1 The Patient Experience

We arrived in the home at 09.05 hours and were greeted by staff who were helpful and attentive. Patients were seated mainly within one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality, however, it was identified that the diary within the Hillcrest unit was left open on a desk within the corridor on both floors with information about patients treatment of care. This was discussed with the registered manager who agreed to speak with all staff nurses regarding the importance of keeping confidential information secure.

Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home's environment whilst acknowledging that there was ongoing refurbishment to identified bedrooms and corridors.

We observed the serving of the lunchtime meal. Lunch commenced at 12.15 hours. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime and were observed to encourage patients with their meals in an unhurried manner and patients wore clothing protectors as required. It was identified that staff did not wear aprons when serving or assisting with meals. This was discussed with the registered manager who agreed to implement this practice going forward. Table mats within the Hillview unit were worn in appearance, one of which was chipped at the edges. This was brought to the attention of the nurse in charge who acknowledged that the table mat was no longer fit for purpose and removed it immediately.

A range of drinks were offered to patients and they appeared to enjoy the mealtime experience. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The menu was on display within the dining room and offered a choice of two main meals; however, on observation there was no menu within the dementia unit and on discussion with staff confirmed that a choice of meals was offered the day before but there is no menu displayed within the dementia unit. The staff provided assurances that if a patient's dietary choice changes that this is accommodated. This was discussed with the registered manager and an area for improvement under care standards was made in relation to ensuring that a suitable menu is displayed within the dementia unit.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- "Our heartfelt thanks to all the staff"
- "Thank you for your help and kindness"

Consultation with 15 patients individually, and with others in small groups, confirmed that living in Hillcrest Care Facility was a positive experience.

Patient comments:

- ‘‘Staff are good”
- “Well looked after”
- “Everyone is looking after me well”
- “More than happy here”
- “No concerns. I feel safe here”

Representative’s comments:

- ‘‘Very good here”
- “Brilliant care”
- “Staff very caring. Always feel welcome”
- “First class home”
- “Home from home”
- “Staff extremely friendly”

Five questionnaires were returned from patient representatives which indicated that the respondents were very satisfied with the service provision across all four domains. Three questionnaires were returned which did not identify if they were from a patient or a patients’ representative. The respondents were very satisfied with the service provision across all four domains.

Staff were asked to complete an on line survey. There was no response in the time frame provided.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

6.3.2 Staffing provision

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. Staffing rotas for weeks commencing 14 and 21 January 2019 were reviewed and evidenced that the planned staffing levels were adhered to on most occasions. On the morning of the inspection the registered manager was working as a registered nurse due to short notice absence but was able to arrange suitable cover from 10.15 hours onwards. Discussion with the registered manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Observation of the delivery of care evidenced that patients’ needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Comments form staff: “We are well staffed here” “I love it here”. We also sought staff opinion on staffing via the online survey.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Hillcrest Care Facility. We also sought the opinion of patients on staffing via questionnaires. Three questionnaires were returned which indicated that the respondents were very satisfied with the service provision across all four domains. One comment included; "I am very happy in Hillcrest. Staff are very attentive".

6.3.3 Staff Training

We discussed the provision of mandatory training with staff and reviewed staff training records for an area identified during the previous care inspection regarding adult safeguarding. A selection of staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Other staff confirmed that they were scheduled to attend training in February 2019. Training records were maintained in accordance with Standard 39 of DHSSPS Care Standards for Nursing Homes 2015. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

6.3.4 Management of patient care records

Review of three patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. We also reviewed the management of nutrition, patients' weight and management of pressure care. A daily record had been maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if appropriate. A system was also in place to audit patient care records and each patient had a key worker.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician. Supplementary care charts such as food and fluid intake and elimination records evidenced that contemporaneous records were maintained, however, there was inconsistency in the recording of the set fluid target and where targets were set they generally averaged as a lower intake than the total recommended daily intake. This was discussed with the registered nurse and registered manager and information was sought as to what action is taken when a patient consumes fewer fluids than recommended. The registered nurse advised that the staff know the needs of their patients and can determine when they need to notify the doctor. The registered manager acknowledged that there needs to be a more robust system in place for all staff to notify the doctor within a set timeframe of not meeting the recommended daily fluid intake and agreed to implement a notice to direct all nurses immediately.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was also evidence of regular communication with representatives within the care records. Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

6.3.5 General environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas and was found to be warm and comfortable throughout. Fire exits and corridors were observed to be clear of clutter and obstruction, however, storage areas were cluttered and untidy with a variety of items such as duvets, pillows, crash mats, incontinence products and boxes. Equipment/furniture that was identified as damaged and/or inappropriately stored within shower rooms and a sluice area were discussed in detail with the registered manager who agreed to review the storage space throughout the home and replace necessary equipment as required.

It was further identified that the door to the clinical rooms within Hillcrest were left open for a period of time with the medicine cupboards unlocked. This was brought to the attention of the registered manager who agreed to speak with all staff nurses to ensure that going forward the clinical room doors are locked at all times when unattended. This information was shared with the pharmacy inspector of the home.

Identified chemicals on a domestic trolley were not labelled and the sluice rooms throughout the home were unlocked with the availability of chemicals and air freshener cans/spray bottles easily accessible. This was discussed with the registered manager due to the potential risk to identified patients and an area for improvement was stated.

There were also a number of infection prevention and control (IPC) issues identified during the inspection which were not being effectively managed in accordance with best practice guidelines. Equipment in several communal toilets and patients' ensuites were not cleaned effectively following use. There was no clear segregation within the linen trolley for transporting clean and unclean linen and staff were unsure of the correct personal protective equipment (PPE) to wear during the delivery of personal care. This was discussed with the registered manager who provided assurances that these areas would be addressed with staff and the necessary measures taken to prevent recurrence.

6.3.6 Management and Governance of the home

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

We examined a number of audits completed to assure the quality of care and services. Although audits were completed, the robustness of the audits failed to identify the deficits from the inspection. For example, deficits in IPC practices and the environment had not been identified and inconsistencies in the recording of neurological observations following unwitnessed falls. This was discussed with the registered manager who agreed to review the audit process for accidents/incidents and IPC practices to ensure that the analysis is robust, action plans are generated and that learning is disseminated. An area for improvement under the care standards was made.

We reviewed the records of quality monitoring visits completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and trust representatives. The monitoring reports did not provide an accurate account of the homes environment or governance arrangements and were lacking specific details regarding follow up on previous quality improvement plans from RQIA inspections. This was discussed with the responsible person who agreed to improve the quality of the reports as required. An area for improvement under regulation was made.

We evidenced that systems were in place to ensure that notifiable events were managed and reported to RQIA and/or other relevant bodies appropriately. The system currently used in the home requires an accident book for each unit. There was no central collation of events occurring and if the nurse did not inform the registered manager of an accident then an omission to report could occur. One such omission was evidenced during the inspection.

Whilst this matter had been stated previously we recognise that there have been improvements made to the reporting of notifications to RQIA. A discussion was held with the registered manager in regards to the need to review and update the current system maintained to ensure that it is sufficiently robust to minimise risks of any omissions of reporting. An area for improvement is stated under care standards.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Julie Taylor, registered manager and Linda Beckett, responsible person as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 29 **Stated:** First time **To be completed by:** 23 February 2019	The registered person shall ensure the report undertaken in accordance to Regulation 29 is sufficiently robust, reflects the conduct of the nursing home and identifies clearly when and how deficits in the quality of nursing or other services provided are to be met and the action taken if they are not. **Response by registered person detailing the actions taken:** The responsible person will take on board the above in all subsequent reports.
Area for improvement 2 **Ref:** Regulation 14 (2) (a) (b) and (c) **Stated:** First time **To be completed by:** Immediate effect	The registered person shall ensure that cleaning chemicals are suitably labelled and stored in accordance with COSHH regulations. **Response by registered person detailing the actions taken:** Cleaning chemicals are all labelled as requested.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 35 **Stated:** First time **To be completed by:** 23 March 2019	The registered person shall ensure that robust management systems are appropriately established to effectively monitor and report on the safe delivery of care in the home. The registered manager must; 1. review the current system of recording of notifiable events in each unit of the home, to ensure that the records are collated centrally to minimise the risk of omission to notify to RQIA 2. the IPC audits must be sufficiently robust to identify any poor practice and drive and sustain hygiene standards 3. the post falls audits maintained in the home must be reviewed and updated to ensure that identified risks to patients are minimised as required. **Response by registered person detailing the actions taken:** All nursing staff spoken to re: notifiable events and manager to audit books weekly. Infection control and fall audits will be monitored closely and any risks identified will be followed up.

Area for improvement 2 **Ref**: Standard 12 **Stated:** First time **To be completed by:** 23 February 2019	The registered person shall ensure that menus are displayed for patients/visitors information in a suitable format and on a daily basis within the dementia unit.
	Response by registered person detailing the actions taken: New menu display board in place in dementia unit.

Please ensure this document is completed in full and returned via Web Portal

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

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